

# RECEIVED

## SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2008

FEB 09 2009

UTAH DIVISION OF  
SOLID & HAZARDOUS WASTE

### Administrative Information (Please enter all the information requested below)

Facility Name: Escalante City 2009.00495

Facility Mailing Address: P.O. Box 189  
(Number & Street, Box and/or Route)

City: Escalante Zip Code: 84726

County: Garfield Permit Number: 9501R1

#### Owner

Name: Escalante City Phone No.: 435-826-4644

Owner Mailing Address: P.O. Box 189  
(Number & Street, Box and/or Route)

City: Escalante State: Utah Zip Code: 84726

Contact Name: Vickie Schulkoski Contact Title: City Recorder

Contact's Mailing Address: P.O. Box 189, Escalante, Ut. 84726

Phone No.: 435-826-4644 Contact's Email Address: escalant@scinternet.net

#### Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_  
(Number & Street, Box and/or Route)

City: \_\_\_\_\_ State: Utah Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

### Facility Type and Status

- |                                     |   |                                   |  |
|-------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Class I    | <input type="checkbox"/> Class IIb            | <input type="checkbox"/> Class V  | <input type="checkbox"/> Facility Closed during the year |
| <input type="checkbox"/> Class II   | <input checked="" type="checkbox"/> Class IVa | <input type="checkbox"/> Class VI | Date Closed: _____                                       |
| <input type="checkbox"/> Class IIIa | <input type="checkbox"/> Class IVb            |                                   |  |

### Annual Disposal (Tons received at the facility for disposal)

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	<u>All</u>		<u>375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Industrial				<input type="checkbox"/>	<input type="checkbox"/>
C/D*				<input type="checkbox"/>	<input type="checkbox"/>

\*C/D waste includes all waste going to a Class IV or VI landfill cell

### Conversion Factor Used

- ☐ None Used ☐ Site Specific ☐ From Rules List Site Specific Conversion: \_\_\_\_\_

**Recycling**Material Recycled: 125Reported in Tons ☒ Cubic Yards ☐**Utah Disposal Fee**

Disposal fee required to be paid to State

Yes ☐No ☒

Fee paid

Municipal: \_\_\_\_\_

Industrial: \_\_\_\_\_

C/D: \_\_\_\_\_

Annual: \_\_\_\_\_

Municipal, Industrial and C/D are fees paid by Commercial Facilities. Annual fee is paid by facilities operated by a municipality

**Current Landfill Remaining Capacity**

Tons: \_\_\_\_\_ Cubic Yards: \_\_\_\_\_ Acre: \_\_\_\_\_ Years: \_\_\_\_\_

Acres Currently Open: \_\_\_\_\_ Acres Currently Closed: \_\_\_\_\_

**Financial Assurance**Current Closure Cost Estimate: \$9628.-Current Post-Closure Cost Estimate: \$10,494.00\* Current Amount or Balance in Mechanism: \$19,365.57

(If facility permit has been renewed and if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: Corporate

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Current Financial Assurance Mechanism Holder: PTIF Acct. #2175

(ie. Name of Bond Company, Bank etc. Account number)

**Financial Assurance:** Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

**Note** Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

\* Balance of \$756.43 will be put in PTIF Acct w/next budget.

**Other Required Reports to be Submitted with Annual Report**Ground Water Monitoring: Class I and V landfills only. Check if exempt ☒Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt ☒Training Report: A report of all training programs or procedures completed by facility personnel during the year.Signature: Vickie L. SchulkoskiDate: 2/6/09

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Type Name: Vickie L. SchulkoskiTitle: City Recorder